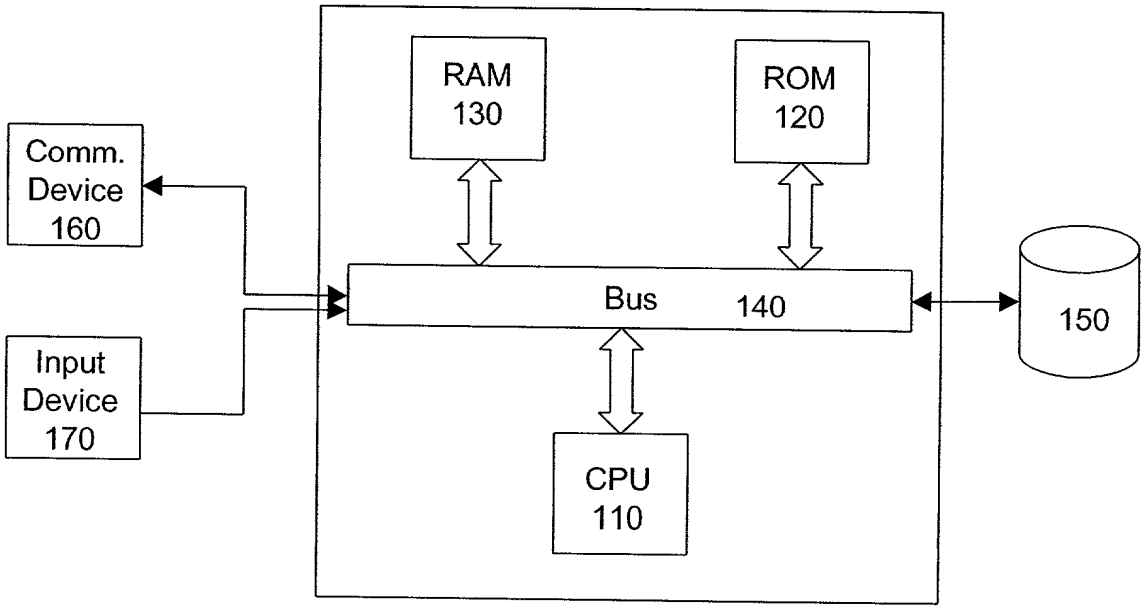
RAM
130
ROM
120
Comm.
Device
160
Bus
140
150
Input
Device
170
CPU
110

Figure 1

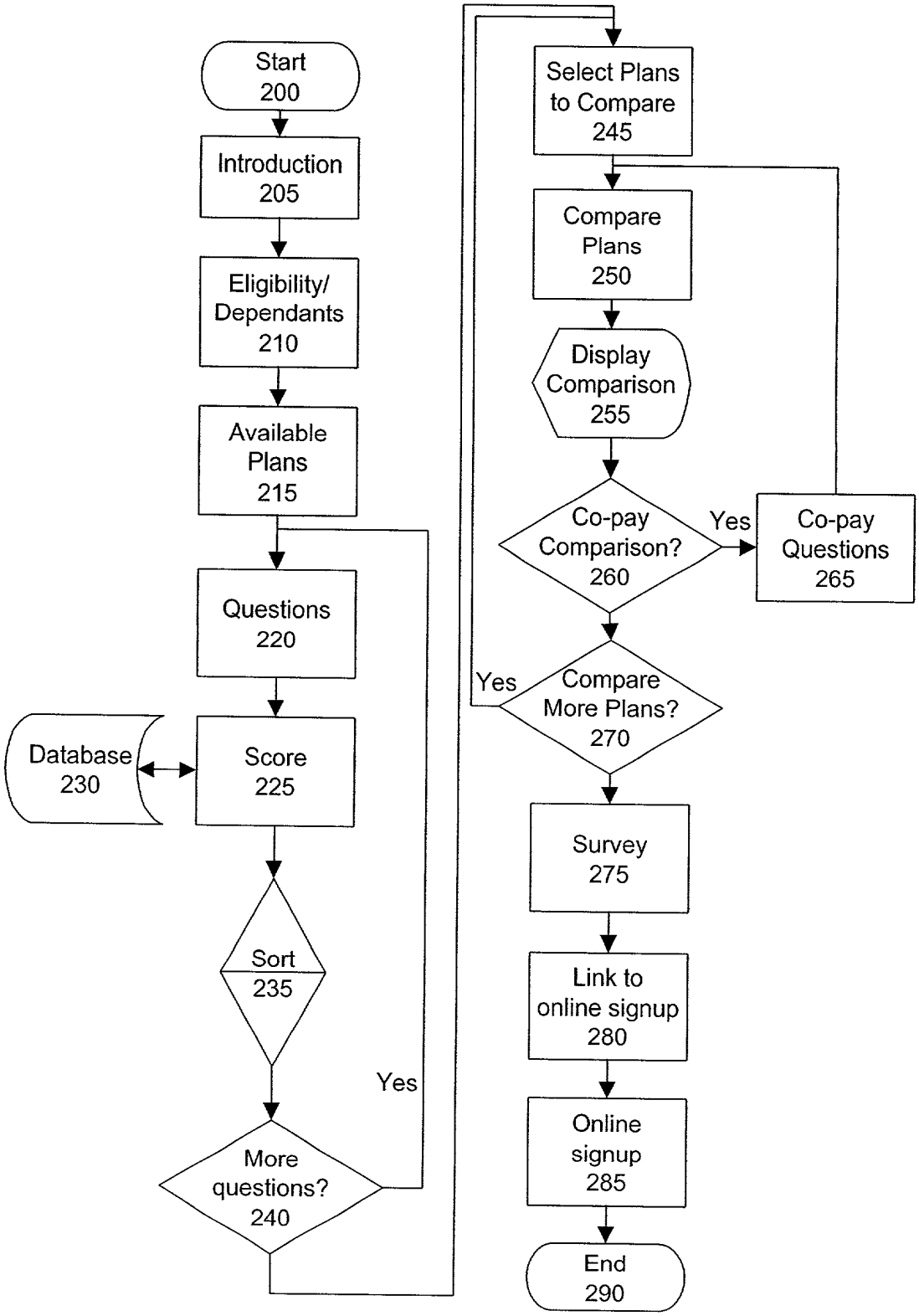
Start
200
Introduction
205
Eligibility/
Dependants
210
Available
Plans
215
Questions
220
Database
230
Score
225
Sort
235
More
questions?
240
Yes
Select Plans
to Compare
245
Compare
Plans
250
Display
Comparison
255
Co-pay
Comparison?
260
Yes
Co-pay
Questions
265
Yes
Compare
More Plans?
270
Survey
275
Link to
online signup
280
Online
signup
285
End
290

Figure 2

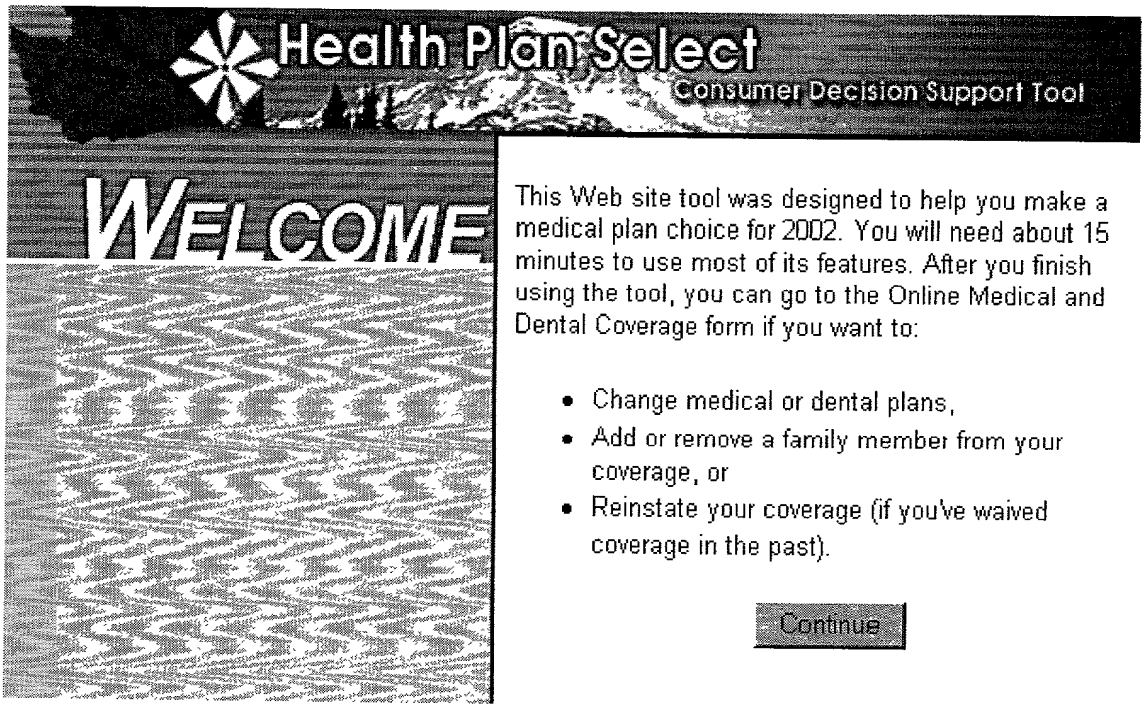
Health Plan Select
Consumer Decision Support Tool
WELCOME
This Web site tool was designed to help you make a medical plan choice for 2002. You will need about 15 minutes to use most of its features. After you finish using the tool, you can go to the Online Medical and Dental Coverage form if you want to:
• Change medical or dental plans,
• Add or remove a family member from your coverage, or
• Reinstate your coverage (if you've waived coverage in the past).
Continue

Figure 3

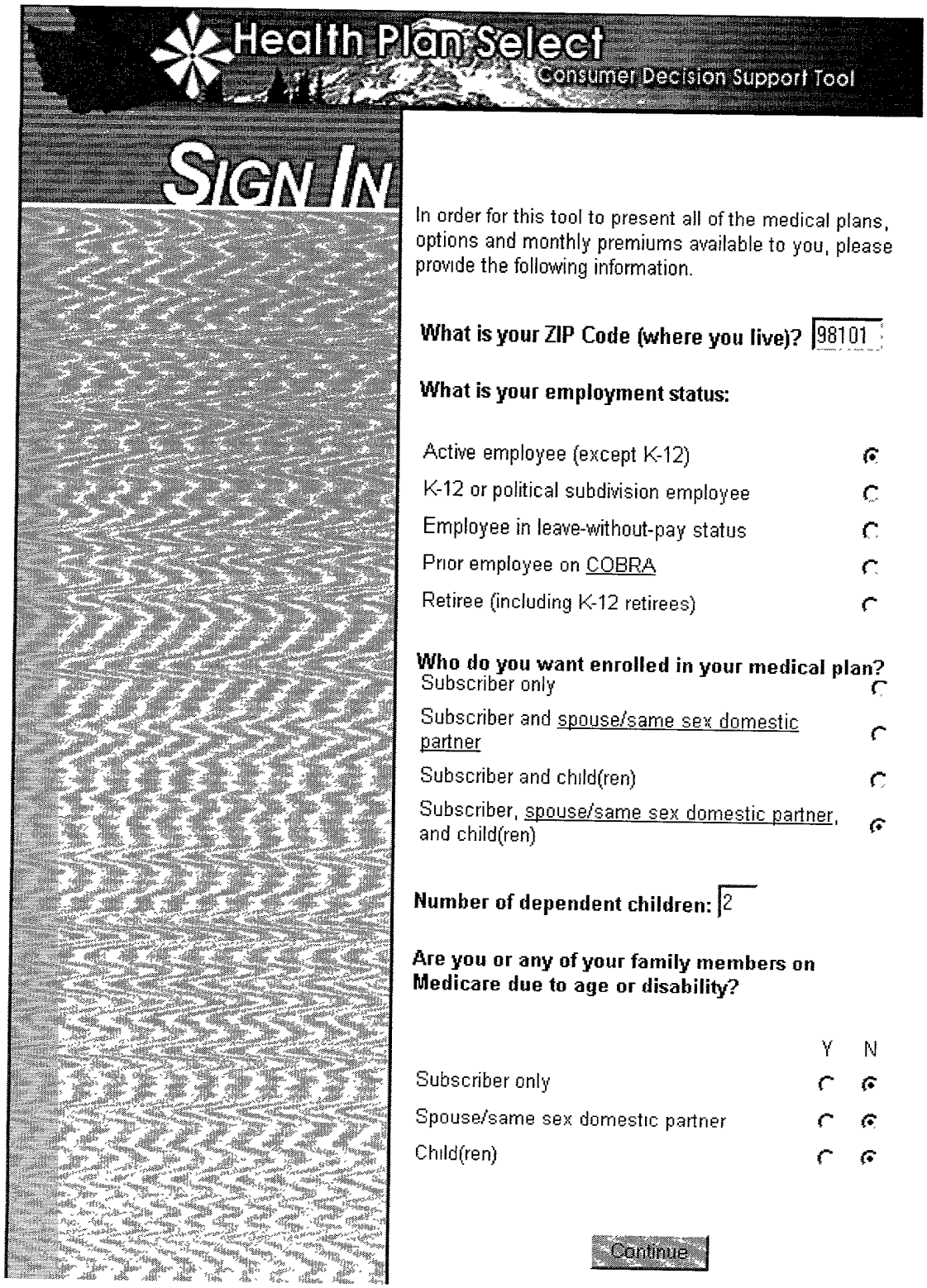
Health Plan Select
Consumer Decision Support Tool
SIGN IN
In order for this tool to present all of the medical plans, options and monthly premiums available to you, please provide the following information.
What is your ZIP Code (where you live)? 98101
What is your employment status:
Active employee (except K-12)
K-12 or political subdivision employee
Employee in leave-without-pay status
Prior employee on COBRA
Retiree (including K-12 retirees)
Who do you want enrolled in your medical plan?
Subscriber only
Subscriber and spouse/same sex domestic partner
Subscriber and child(ren)
Subscriber, spouse/same sex domestic partner, and child(ren)
Number of dependent children: 2
Are you or any of your family members on Medicare due to age or disability?
Y N
Subscriber only
Spouse/same sex domestic partner
Child(ren)
Continue

Figure 4

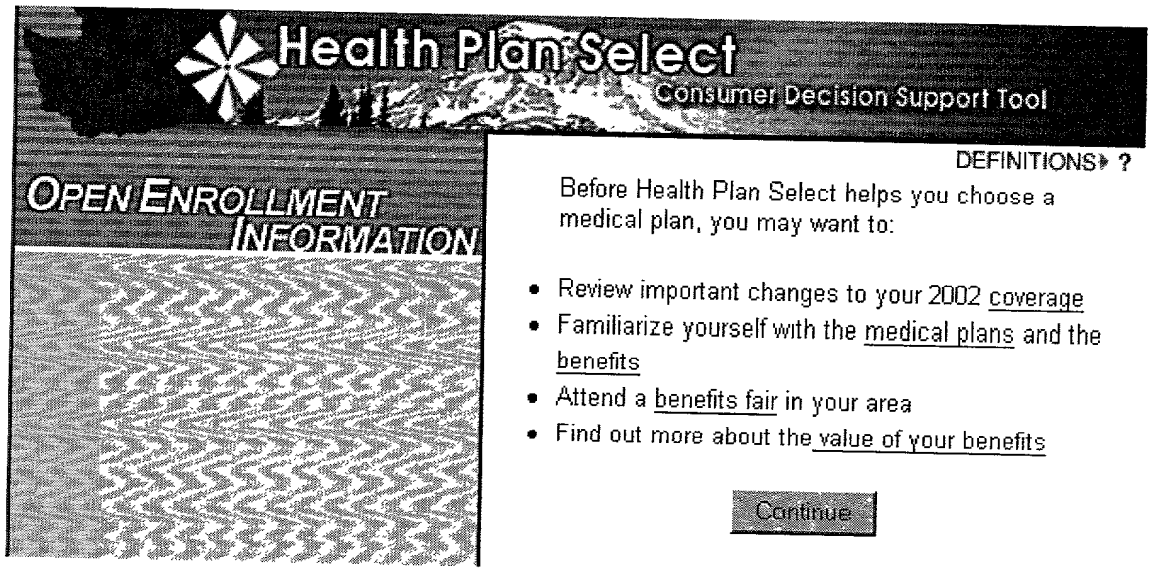
Health Plan Select
Consumer Decision Support Tool
OPEN ENROLLMENT INFORMATION
DEFINITIONS ?
Before Health Plan Select helps you choose a medical plan, you may want to:
• Review important changes to your 2002 coverage
• Familiarize yourself with the medical plans and the benefits
• Attend a benefits fair in your area
• Find out more about the value of your benefits
Continue

Figure 5

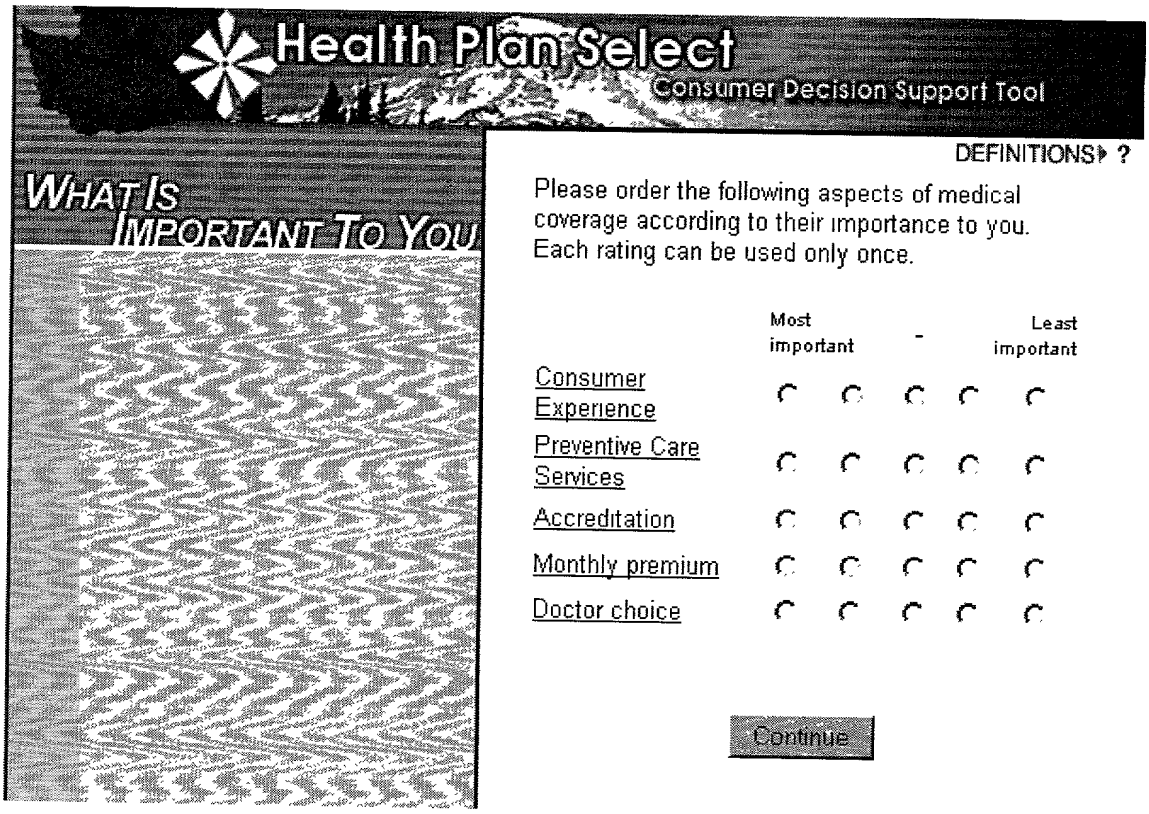
Health Plan Select
Consumer Decision Support Tool
WHAT IS IMPORTANT TO YOU
DEFINITIONS ?
Please order the following aspects of medical coverage according to their importance to you. Each rating can be used only once.
Most important
-
Least important
Consumer Experience
Preventive Care Services
Accreditation
Monthly premium
Doctor choice
Continue

Figure 6

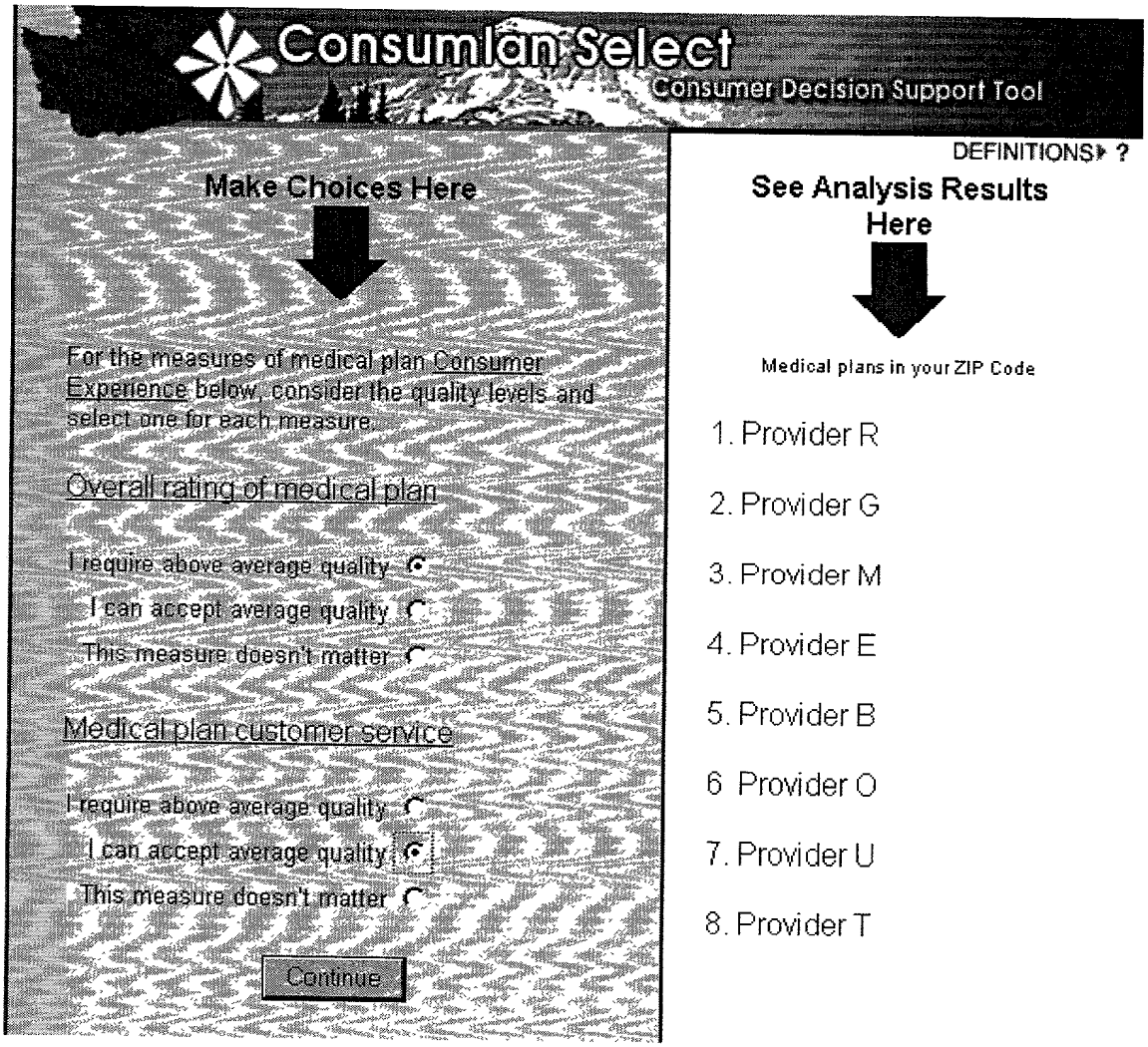
ConsumIan Select
Consumer Decision Support Tool
DEFINITIONS ?
Make Choices Here
See Analysis Results Here
For the measures of medical plan Consumer Experience below, consider the quality levels and select one for each measure.
Overall rating of medical plan
I require above average quality
I can accept average quality
This measure doesn't matter
Medical plan customer service
I require above average quality
I can accept average quality
This measure doesn't matter
Continue
Medical plans in your ZIP Code
1. Provider R
2. Provider G
3. Provider M
4. Provider E
5. Provider B
6 Provider O
7. Provider U
8. Provider T

Figure 7

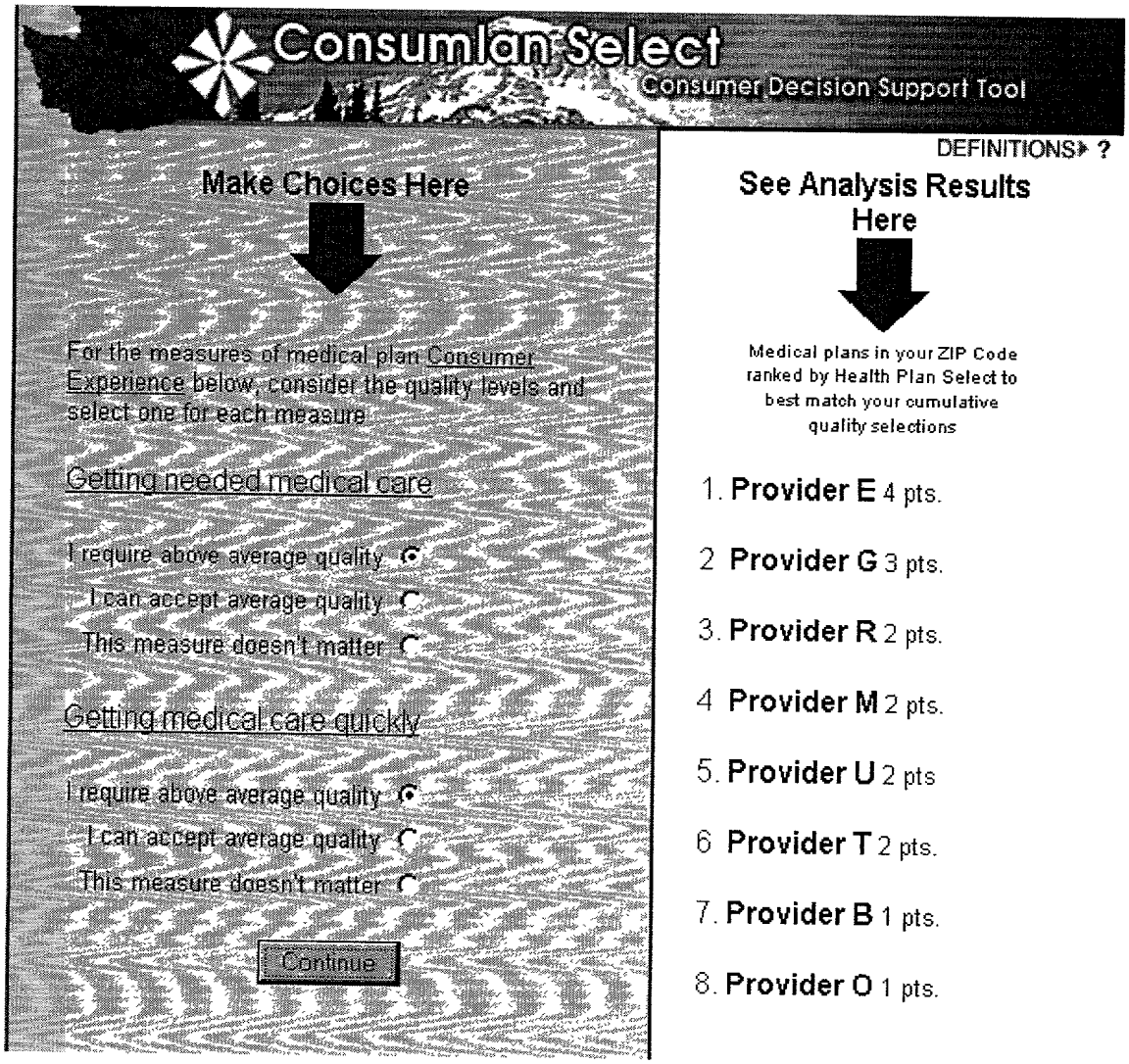
Consumlan Select
Consumer Decision Support Tool
DEFINITIONS ?
Make Choices Here
For the measures of medical plan Consumer Experience below, consider the quality levels and select one for each measure
Getting needed medical care
I require above average quality
I can accept average quality
This measure doesn't matter
Getting medical care quickly
I require above average quality
I can accept average quality
This measure doesn't matter
Continue
See Analysis Results Here
Medical plans in your ZIP Code ranked by Health Plan Select to best match your cumulative quality selections
1. Provider E 4 pts.
2 Provider G 3 pts.
3. Provider R 2 pts.
4 Provider M 2 pts.
5. Provider U 2 pts
6 Provider T 2 pts.
7. Provider B 1 pts.
8. Provider O 1 pts.

Figure 8

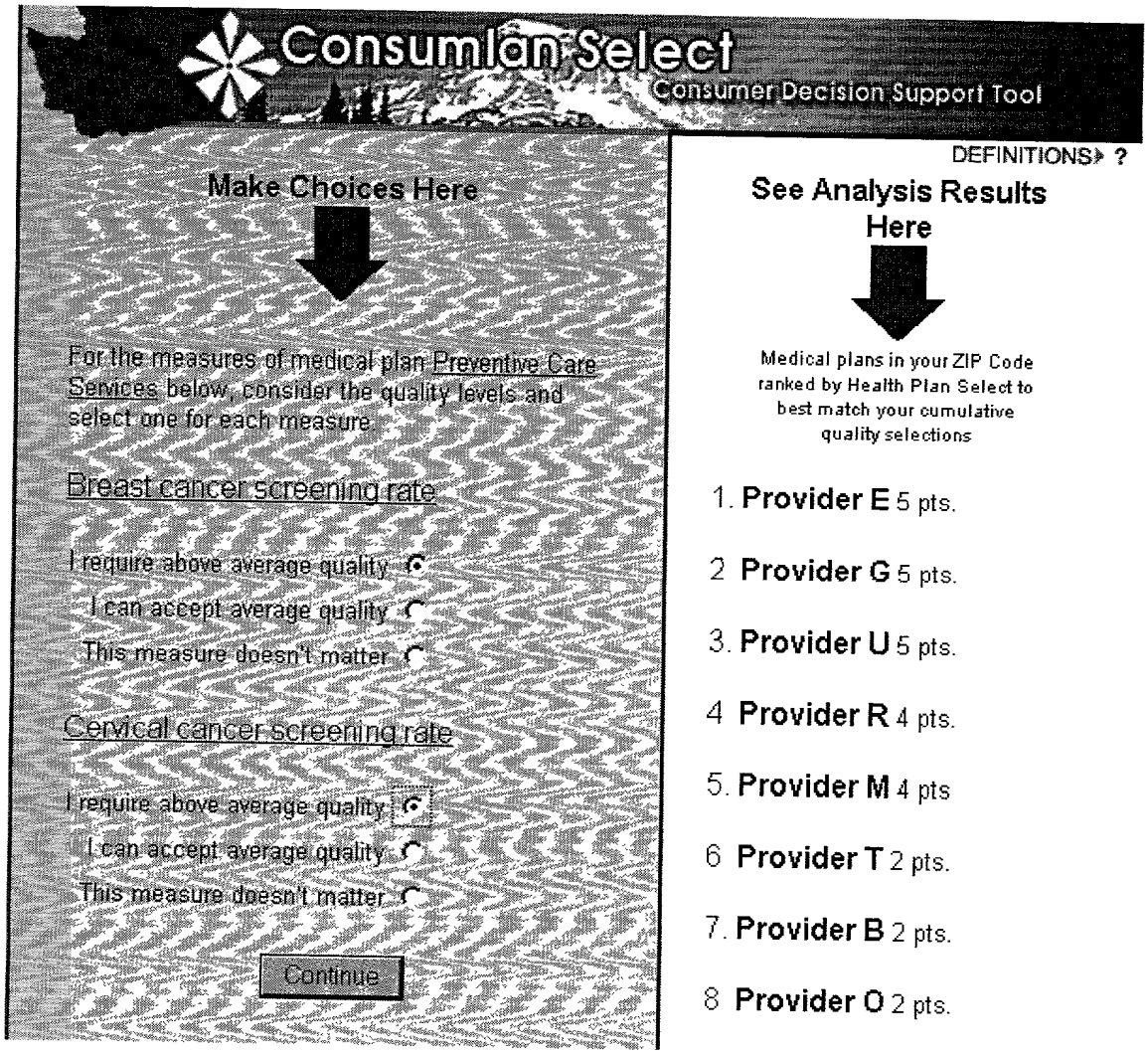
Consumlan Select
Consumer Decision Support Tool
DEFINITIONS ?
Make Choices Here
See Analysis Results Here
For the measures of medical plan Preventive Care Services below, consider the quality levels and select one for each measure.
Medical plans in your ZIP Code ranked by Health Plan Select to best match your cumulative quality selections
Breast cancer screening rate
I require above average quality
I can accept average quality
This measure doesn't matter
Cervical cancer screening rate
I require above average quality
I can accept average quality
This measure doesn't matter
Continue
1. Provider E 5 pts.
2 Provider G 5 pts.
3. Provider U 5 pts.
4 Provider R 4 pts.
5. Provider M 4 pts
6 Provider T 2 pts.
7. Provider B 2 pts.
8 Provider O 2 pts.

Figure 9

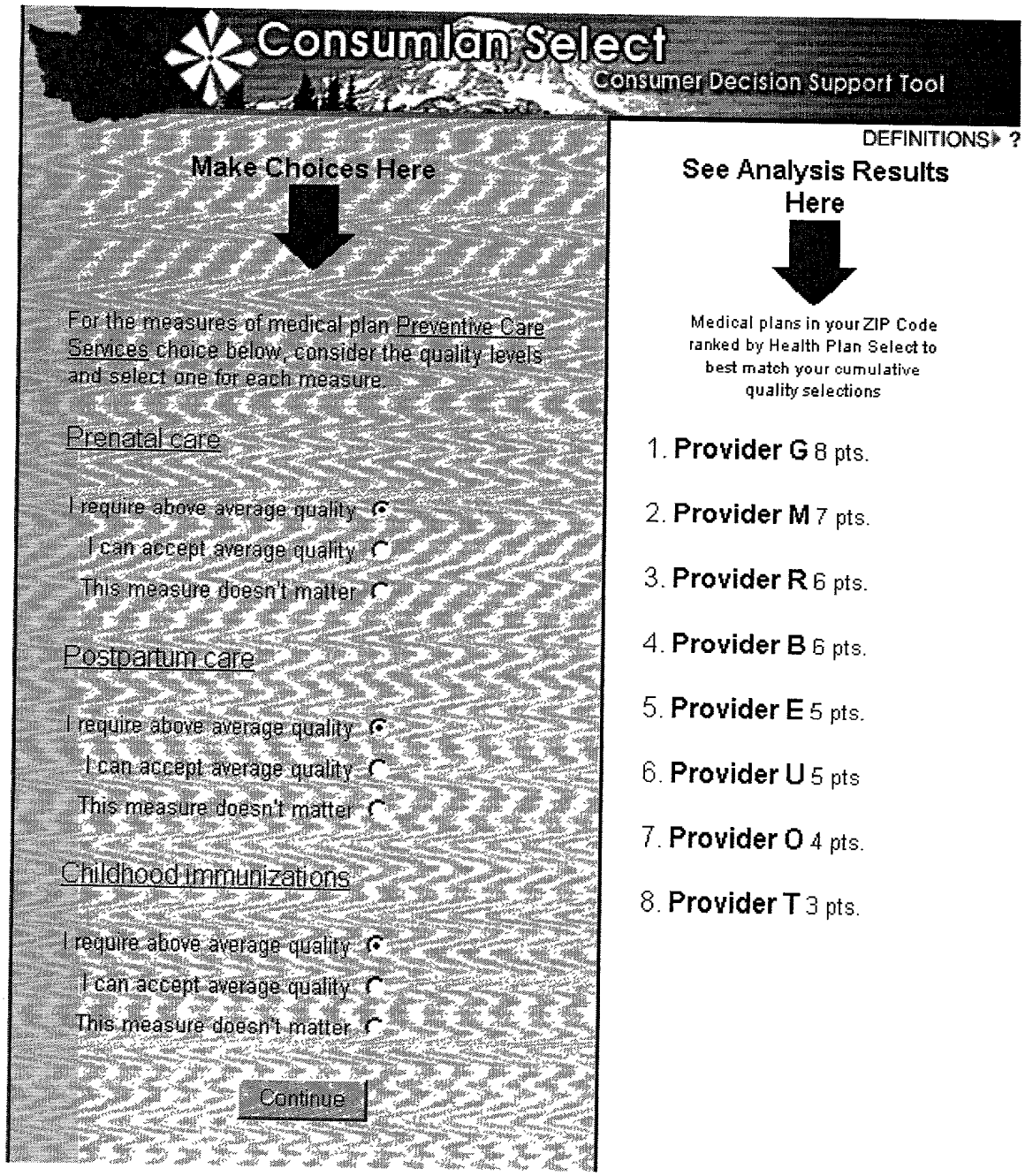
Consumlan Select
Consumer Decision Support Tool
DEFINITIONS ?
Make Choices Here
See Analysis Results Here
For the measures of medical plan Preventive Care Services choice below, consider the quality levels and select one for each measure.
Prenatal care
I require above average quality
I can accept average quality
This measure doesn't matter
Postpartum care
I require above average quality
I can accept average quality
This measure doesn't matter
Childhood immunizations
I require above average quality
I can accept average quality
This measure doesn't matter
Continue
Medical plans in your ZIP Code ranked by Health Plan Select to best match your cumulative quality selections
1. Provider G 8 pts.
2. Provider M 7 pts.
3. Provider R 6 pts.
4. Provider B 6 pts.
5. Provider E 5 pts.
6. Provider U 5 pts
7. Provider O 4 pts.
8. Provider T 3 pts.

Figure 10

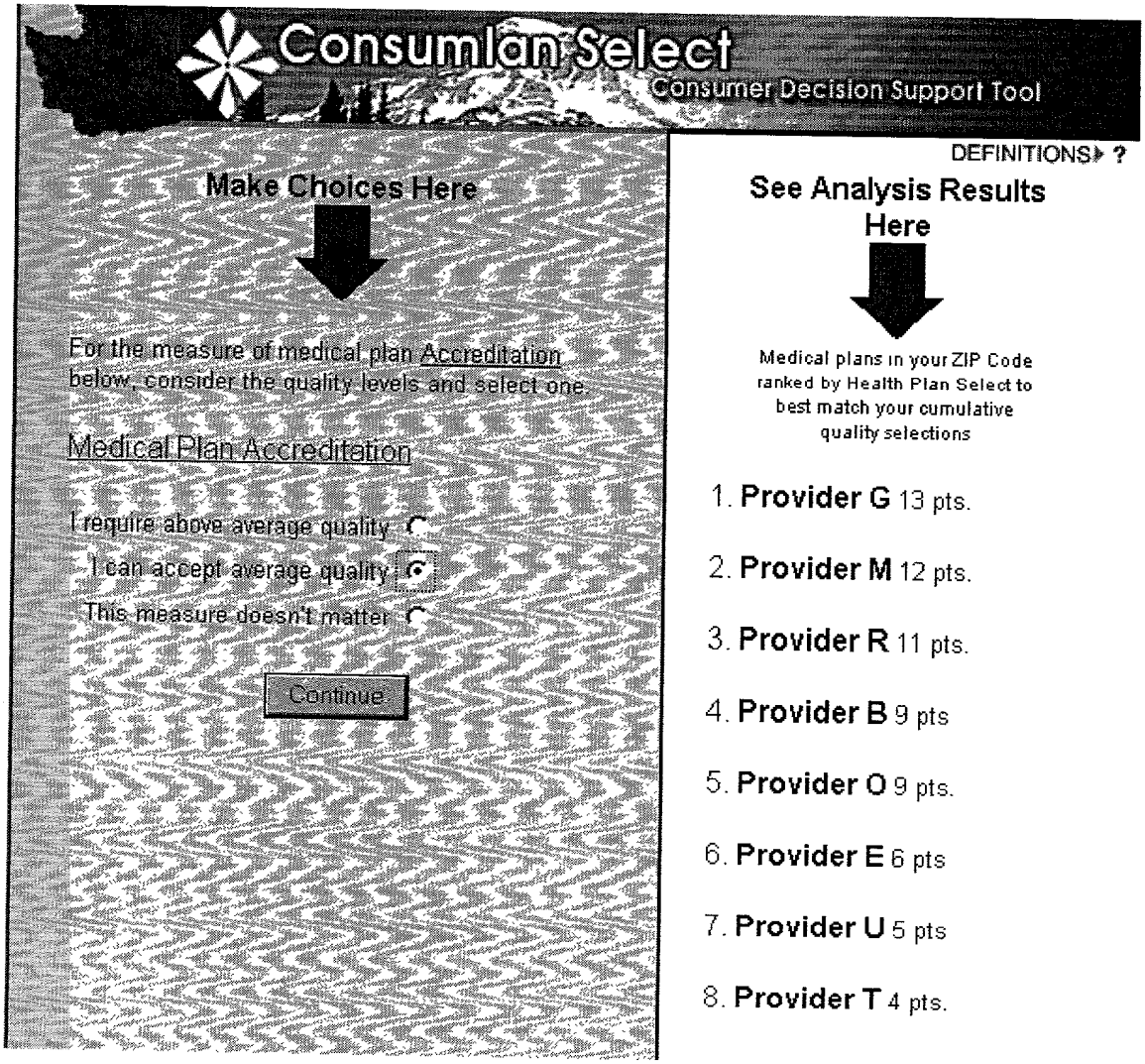
Consumlan Select
Consumer Decision Support Tool
DEFINITIONS ?
Make Choices Here
See Analysis Results Here
For the measure of medical plan Accreditation below, consider the quality levels and select one.
Medical Plan Accreditation
I require above average quality
I can accept average quality
This measure doesn't matter
Continue
Medical plans in your ZIP Code ranked by Health Plan Select to best match your cumulative quality selections
1. Provider G 13 pts.
2. Provider M 12 pts.
3. Provider R 11 pts.
4. Provider B 9 pts
5. Provider O 9 pts.
6. Provider E 6 pts
7. Provider U 5 pts
8. Provider T 4 pts.

Figure 11

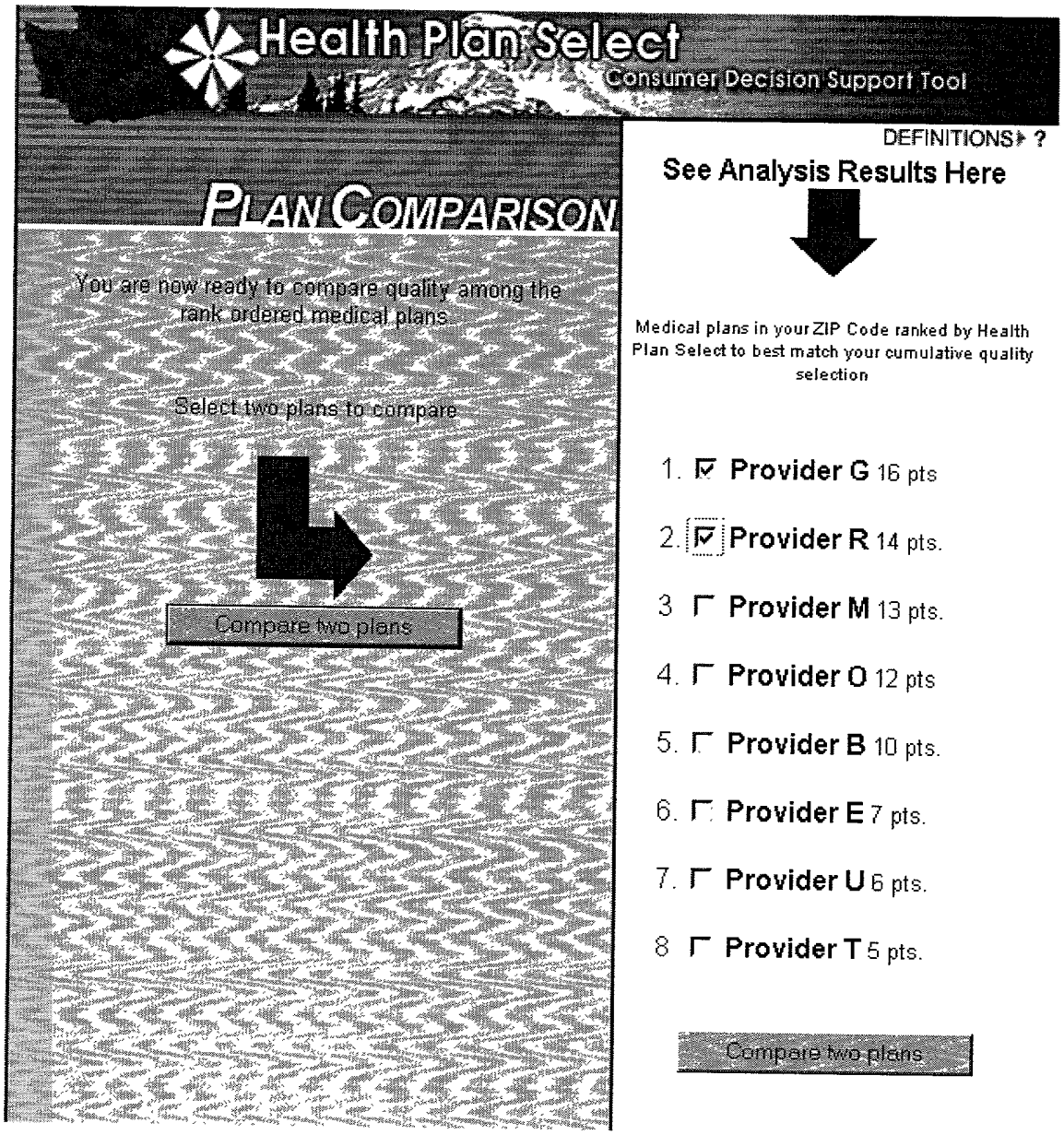
Health Plan Select
Consumer Decision Support Tool
DEFINITIONS ?
See Analysis Results Here
PLAN COMPARISON
You are now ready to compare quality among the rank ordered medical plans
Select two plans to compare
Compare two plans
Medical plans in your ZIP Code ranked by Health Plan Select to best match your cumulative quality selection
1. Provider G 16 pts
2. Provider R 14 pts.
3 Provider M 13 pts.
4. Provider O 12 pts
5. Provider B 10 pts.
6. Provider E 7 pts.
7. Provider U 6 pts.
8 Provider T 5 pts.
Compare two plans

Figure 12

DEFINITIONS ?

Plan comparison based on independent third party data

Plan Name	Provider G Click Here to Search For Doctor	Provider R Click Here to Search For Doctor
	☐ Check here if your doctor participates	☐ Check here if your doctor participates
Estimated Monthly Premium	$ 16.00	$ 76.00
Estimated Annual Co-payment	Click Here to Illustrate Co-payments	Click Here to Illustrate Co-payments
How CAHPS™ survey rated their medical plan overall	Average	Below Average
How CAHPS™ survey rated the plan customer service	Average	Average
How CAHPS™ survey rated ease of getting care	Above Average	Average
How CAHPS™ survey rated speed of getting care	Below Average	Average
The HEDIS score for the plan's breast cancer screening services	Average	Average
The HEDIS score for the plan's cervical cancer screening services	Above Average	Average
The HEDIS score for the plan's prenatal care efforts	Above Average	Above Average
The HEDIS score for the plan's postpartum care efforts	Average	Average
The HEDIS score for the plan's childhood immunization efforts	Above Average	Above Average
What level was the plan's accreditation	Above Average	Above Average

Go back for another comparison

When you are satisfied with what you have learned, Continue

Figure 13

DEFINITIONS ?

Co-payment Illustrator

Estimate your number of annual doctor visits
- (•) 0 times (I never go to the doctor)
- ( ) 1 time
- ( ) 2 or more times

Estimate your spouse / partner's number of annual doctor visits

- (•) 0 times (My spouse/partner never goes to the doctor)
- ( ) 1 time
- ( ) 2 or more times

Estimate your children's number of annual doctor visits

- (•) 0 times (My child(ren) never go to the doctor)
- ( ) 1 time
- ( ) 2 or more times

Estimate your number of annual hospital visits
- (•) 0 times (I never go to the hospital)
- ( ) 1 time
- ( ) 2 or more times

Estimate your spouse / partner's number of annual hospital visits

- (•) 0 times (I never go to the doctor)
- ( ) 1 time
- ( ) 2 or more times

Estimate your children's number of annual hospital visits

- (•) 0 times (I never go to the doctor)
- ( ) 1 time
- ( ) 2 or more times

Estimate your number of yearly prescriptions
Note that a prescription that is filled once a month equals 12
[0]

Estimate your spouse / partner's number of yearly prescriptions

[0]

Estimate your children's number of yearly prescriptions

[0]

Did you know ...
On average, Americans who participate in employer-sponsored health plans pay about $104 per month for family coverage?

On average, Americans go to office-based physicians about three times a year?

That a typical 15-minute primary care appointment (without lab work) costs about $51?
That a typical spinal manipulation costs about $40?
That a 30-minute psychiatric appointment costs about $67?
That a routine eye examination without treatment costs about $47?
That a well-child (toddler) examination (without lab work) costs about $70?

On average, Americans go to an emergency department every 3 years?

That just the physician's evaluation and coordination of treatment alone (no actual treatment and no hospital fees) for a moderate problem costs about $140?

On average, Americans have an inpatient hospital stay every 9 years, for four days at $2,386 per day, adding up to $9,440 in hospital bills alone?

On average, US hospitals charge about $4,000 for the normal delivery of a baby?
That in addition, physicians charge about $2,026 over the course of a normal pregnancy and delivery of a baby?

Run the Illustrator

Figure 14

DEFINITIONS ?

Plan comparison based on independent third party data

Plan Name	Provider G Click Here to Search For Doctor Check here if your doctor participates	Provider R Click Here to Search For Doctor Check here if your doctor participates
Estimated Monthly Premium	$16.00	$76.00
Estimated Annual Co-payment	$1670	$1670
How CAHPS™ survey rated their medical plan overall	Average	Below Average
How CAHPS™ survey rated the plan customer service	Average	Average
How CAHPS™ survey rated ease of getting care	Above Average	Average
How CAHPS™ survey rated speed of getting care	Below Average	Average
The HEDIS score for the plan's breast cancer screening services	Average	Average
The HEDIS score for the plan's cervical cancer screening services	Above Average	Average
The HEDIS score for the plan's prenatal care efforts	Above Average	Above Average
The HEDIS score for the plan's postpartum care efforts	Average	Average
The HEDIS score for the plan's childhood immunization efforts	Above Average	Above Average
What level was the plan's accreditation	Above Average	Above Average

Go back for another comparison

When you are satisfied with what you have learned, Continue

Figure 15

Feedback

Congratulations. You have completed the analysis portion of Health Plan Select. Before proceeding to enrollment options, we would like to know what you thought of this tool.

1. Have you taken this survey before? ☑ No ☐ Yes

2. I found Health Plan Select easy to use/navigate. Definitely agree

3. I found the health information in Health Plan Select easy to understand. Definitely agree

4. Health Plan Select influenced my medical plan choice for 2002. Definitely agree

5. Do you intend to complete enrollment online?

- ◉ Yes, I do need to make changes, and I will probably complete enrollment online
- ○ No, Even though I do need to make enrollment changes, I will probably not complete enrollment online.
- ○ No, I do not need to make any enrollment changes at this time.
- ○ I am not familiar with online enrollment.

6. Are you male or female? Male

7. What is your age now? 36 years old

8. How would you rate your overall health now: Very Good

Send specific comments on Health Plan Select to the Health Care Decisions Group

Submit

Figure 16

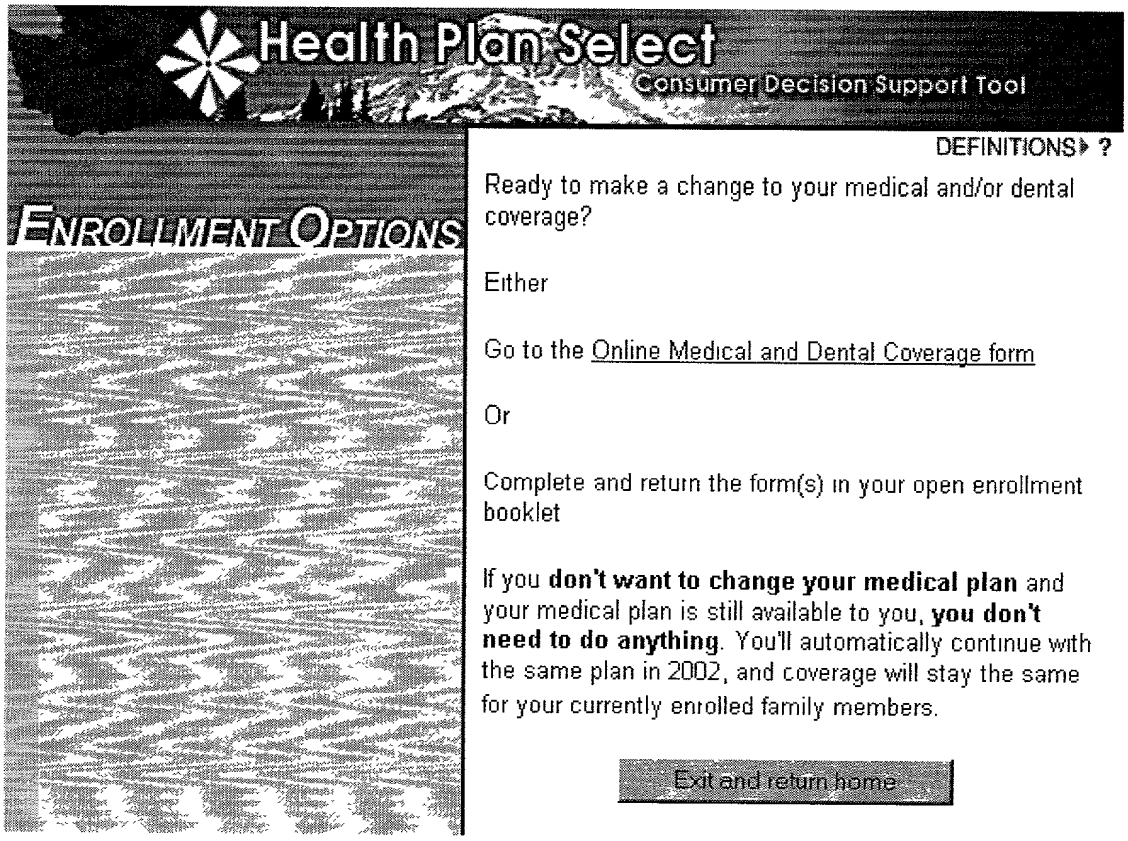
Health Plan Select
Consumer Decision Support Tool
DEFINITIONS ?
ENROLLMENT OPTIONS
Ready to make a change to your medical and/or dental coverage?
Either
Go to the Online Medical and Dental Coverage form
Or
Complete and return the form(s) in your open enrollment booklet
If you don't want to change your medical plan and your medical plan is still available to you, you don't need to do anything. You'll automatically continue with the same plan in 2002, and coverage will stay the same for your currently enrolled family members.
Exit and return home

Figure 17